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PTO/SB/21 (04-07)

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Total Number of Pages in This Submission

2

Application Number

10/719,469

Filing Date

November 21, 2003

First Named Inventor

Vinod K. Balakrishnan

Art Unit

2153

Examiner Name

Unknown

Attorney Docket Number

Intel-050PUS

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Daly, Crowley, Mofford & Durkee, LLP		
Signature			
Printed name	Anthony T. Moosey		
Date	May 16, 2008	Reg. No.	55,773

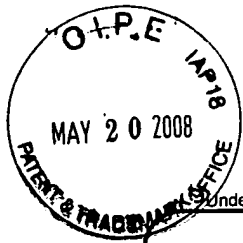
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PTO/SB/82 (01-06)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/719,469
Filing Date	November 21, 2003
First Named Inventor	Vinod K. Balakrishnan
Art Unit	2153
Examiner Name	Unknown
Attorney Docket Number	P17386

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 45780

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature

*Pam Matlock*

Name

Pam J. Matlock

Date

*5/2/08*

Telephone 408-765-1144

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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